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241 318 (134) (137) shifting their cultivation from year to year to new patches of land, grass has been prevented from getting any firm hold on the denuded hill-sides. Only on the slopes of the plateau (which are too steep for cultivation) and in a few isolated Government reserves, does the forest flourish in its virgin beauty.

West of Dodabetta, however, the Badagas are more rare; hardly a field or a village (except the little clusters of huts belonging to the pastoral Todas) is to be seen. (Francis 1908: 3-4)

121 Let us then see how, against this backdrop, several hundred Badaga therapists have over the centuries developed a unique medical adaptation to a unique tropical montane environment.

Badaga Medical History

1.5. The history of health care among the Badagas is entirely speculative. Nonetheless the history of the community itself is clear enough, and on this framework (Hockings 1979a) we can at least postulate three phases in the development of Badaga therapy (1.5-1.8). This sketch may later prove inadequate, for it is largely guesswork, but heuristically necessary for our understanding of problems connected with the elaboration of a specifically Badaga montane curative system from its roots in a very different equatorial environment at a much lower elevation.

175 (166) The first phase began after the year 1565 with the fall of the Vijayanagar Empire. It was this political act and the associated Muslim invasion that impelled the initial Badaga refugees to leave the plains of Mysore District and settle on the much higher Nilgiri Massif immediately to the south. These people were a mere fortuitous selection of one or two hundred from those who made up the vast genetic pools of the Mysore castes; but after settling on the hills their patterns of intermarriage were such that they became more like another isolate. Despite a preference for endogamy, though, their pool was repeatedly augmented by the arrival of occasional new settlers from the Mysore Plains who were accepted into the growing Badaga community.

175 143 614 756 A century or so after these first settlers arrived, some refugees forming the Kaṇakka clan also came to the Nilgiris. Their special importance lay in the fact that until the mid-nineteenth century the Kaṇakkas were the only Badagas who were somewhat literate. As

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one aspect of their presumed "familiarity with learning," if we may call it that, they gained a reputation as exorcists and curers. Today some among the couple of thousand Kaṇakkas still practise these crafts, although they no longer hold a monopoly among the Badagas. (My chief medical informant, K. Sithamma, was born in a Kaṇakka family in 1891.)

1.6. During the seventeenth to nineteenth centuries the Badaga community increased from a reported three villages in 1603 to nearly 370 villages a century ago. This expansion, marking the second phase, encompassed some developments of importance to the history of Badaga therapy. The community was faced with the problem of adapting to a new geographic and social environment, and clearly succeeded in doing so. We may presume that natural selection helped the population build up a genetic resistance to whatever montane illnesses had not previously affected the people when they were living in Mysore; and that some lowland disease organisms were no longer able to survive at the new elevation, either because it was too high and cold for their animal hosts, or else because the hosts among the scattered and tiny human population died off without transferring these organisms to new hosts, or more probably because when the density of population was very low infection by particular diseases summoned forth antibodies or other disease-resistant aptitudes, which protected their descendants from any further infection by those diseases. As the settlements expanded the increasing numbers of people permitted greater transference of disease organisms and called for greater amounts of health care; but at the same time these settlements, located in most parts of the Nilgiri Massif within a zone that lay between 4000 and 7300 feet of elevation, gave people opportunities to select the more healthy residential sites, to explore the micro-environmental differences in the area, and most importantly to discover medicinal uses for dozens of new species of plants that were in many instances confined to the Massif (see Trilingual Index). We may presume that the pharmacological uses of local plants were discovered by Badaga women who worked as goatherds and men working as cowherds, by closely observing the feeding habits of their animals. Geza Roheim has made a similar observation on the control that Australian Aboriginal women have over the medicinal use of plants which they are responsible for gathering. While it is true that Badagas did not keep

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Their treatment for this type of fever[A] is to grind some shoots of velvety patchouli (called *kodangu*), mix it with water, and make the patient swallow it. This mixture is administered first thing in the morning for three consecutive days, and then the fever will abate. (We should add that in a medical survey 8.4 per cent of a Badaga sample (N=191) were found to have sickle cells; in other words, a high level of genetic resistance to malaria; Gates 1961: 98.)

7.8 *Ka:male* is a general type of disease which has half-a-dozen varieties. One kind, jaundice, is called *manja ka: male* and is characterized by a yellowness of the body and urine. It attacks fair-complexioned people. It is treated with a juice extracted from ground-up leaves (species unknown), which the patient swallows in the early morning for three days. He is put on a diet of nothing but little millet and buttermilk, and has to avoid salt and chilies. This "cooling" diet is maintained for three days, and on the fourth he resumes his normal food. The patient should lie in a cool place. He can wash his hands, legs and face, but should not bathe during the three days. On each day the yellowness decreases provided he maintains his diet rigidly, and it will disappear by the fourth. On that day the patient takes a hot bath and is then considered cured.

HEPATITIS—JAUNDICE (*manja ka:male*)

7.9. A related disease is called *bara ka:male* and is marked by the urine turning red. It attacks dark-skinned people. This occurs because "there is too much heat in the body, which is just like baked bread." The body becomes very lean and black in complexion, for "this disease drinks all the blood." It attacks one slowly, and is usually treated by a specialist.

HEPATITIS (*bara ka: male*)

If a local therapist is uncertain whether the patient has *bara ka:male* she can administer a medicine as "first aid" before going to see the specialist. This medicine can be given for 15 to 20 days and is stopped as soon as the disease clears up. But if

A, [i.e., malaria--Analyst]